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CONFIRMATION NO. 1423

<b>SERIAL NUMBER</b> 10/622,896	<b>FILING OR 371(c) DATE</b> 07/18/2003 <b>RULE</b>	<b>CLASS</b> 536	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> REG 860A
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## APPLICANTS

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SLW

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/397,290 07/19/2002

OK, SLW

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/17/2003

None

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 17	<b>INDEPENDENT CLAIMS</b> 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>				

## ADDRESS

26693

## TITLE

Ion channel receptor and uses thereof

<b>FILING FEE RECEIVED</b> 1002	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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